VOL. II

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THE CALIFORNIA ECLECTIC MEDICAL JOURNAL

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THE LOS ANGELES JOURNAL OF ECLECTIC MEDICINE AND THE CALIFORNIA MEDICAL JOURNAL.

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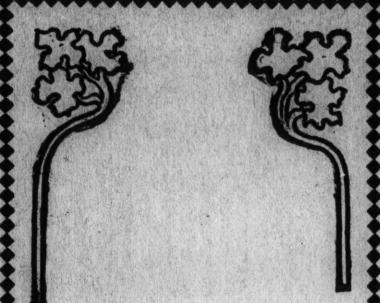
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Journals Price	Club
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Amer. Med. Jour., 5255 Page Ave., St. Louis, Mo\$1.00	\$.80
Cal. Ec. Med. Jour., 818 Security Bldg., Los Angeles 1.00	1.00
Chic. Med. Times, 412 Fulton St., Chicago, Ill 1.50	1.20
Eclectic Med. Gleaner, 224 Court St., Cinti., O 1.25	1.00
Eclectic Med. Journal, 1009 Plum St., Cinti., O 2.00	1.60
Eclectic Review, 140 W. 71st St., New York, N. Y 1.00	.80
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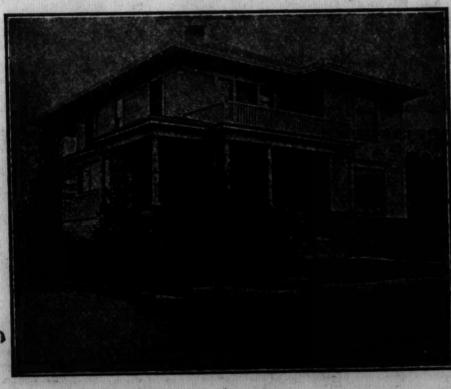
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The California Eclectic Medical Journal

Vol. II

MAY, 1909

No. 5

& Original Contributions

MEDICAL RESOURCES OF CALIFORNIA.

JOHN FEARN, M.D., Oakland, California.

I was much interested in the paper by O. S. Laws, M.D., on medical resources of Southern California. But I would like to give a wider range to the subject and take in the whole state or Pacific Coast. The early fathers in our school made their mark when leaving the old-time remedies, some of which had done good work, many of which were better relegated to ob-They started out to find a new Materia Medica. They traversed the fields, they climbed the mountains, they wandered through forest and meadow. And wherever they went their eyes were open for plants and vegetable substances that could be used for man's good when enduring sickness and pain. It is true they were often ostracised, and criticised, yea and despised, by those who considered themselves the blue blood of the profession. In scorn they were named "Root and Yarb Doctors," but they cared not. And what an heritage of indigenous remedies they left us. And today the blue bloods are using the remedies brought out by these pioneers—but they seldom give the pioneers Today they are using Gelsemium, Iris bers, Echinacea, Macrotys, Baptisia, etc., etc., as though they had always used and appreciated them. And we do not begrudge them, we are glad for them to use them for the relief of the sick and the unfortunate. But while we have the finished products today of the scientific pharmacist, let us not forget the pioneers, who often gathered their own roots and herbs, and then in addition to their arduous labors, connected with country practice, they made their own infusions, decoctions, etc., and then used these crude products with wonderful success.

The Pacific Coast is rich in medical resources, extending from the shores of the Pacific Ocean, and away backward and upward as far up the mountain sides as vegetable life extends, and although many of the vegetable remedies common to Europe and America are found here growing in abundance, yet away and beyond all these, there is a rich profusion of medical plants which have never been classed. What a delightful experience it would be for our young physicians to emulate the example of

O. S. Laws, M.D., and test and try these remedies. Dr. Bundy, a good Eclectic long since dead, yet, his name is still kept alive through his work in bringing such remedies as Cascara Sagrada, (Rhamnus Purshiana) Berberis Aquifolium, etc., into Materia Medica. I wish friend Laws would get the scientific botanic name of the plant he mentions as "Water Mody." From what he says I believe it would be a new addition and a valuable one to our Materia Medica. I should like to get acquainted with that plant. I am not a scientific botanist but it seems to me there are plenty of people in Los Angeles who could name this

plant.

And only to mention one more plant which grows extensively in some portions of California. I refer to Anemopsis Californica which was written up by my friend the President of the California Eclectic Medical Society, J. A. Munk, M.D., in the February number of your Journal. Years ago I wrote on this article but my published paper was lost during the fire and earthquake. I wish our friends in the south would thoroughly test this remedy as, from the experience I had with it, I believe it to be a very valuable plant, the natives where it grows value it very highly. It is one of their main remedies in consumption. Besides the use pointed out by Doctor Munk I believe it has properties very much like that valuable remedy Piper Methysticum and like it can be used in Dyspepsia, in Specific Urethritis and in Catarrh and as a mucous membrane remedy.

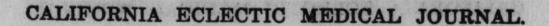
In conclusion let me say: Keep at it, Doctors Laws and Munk, and let every other member of the society on the Coast join with them and we will develop an indigenous list of reme-

dies that will bring renown to our Coast.

ASTHMA? WHAT IS

Dr. J. C. Solomon, Los Angeles.

Read before the Los Angeles County Eclectic Medical Society. I don't know of any disease in which so many different theories have been advanced to account for its cause and symp-Asthma is in the nature of reflex toms as that of Asthma. neurosis, characterized by recurrent paroxysms of violent dysphoea. Some treat it as a disease, some as a symptom and others as a combination of conditions, without any positive pathological basis. No physician can intelligently treat a disease without understanding the underlying cause of the pathology of it. We must remember that it is not only the name of the disease that we are treating, but that we have an individual to treat in which we have temperaments, environments and different other conditions of the patients to contend with.



Asthma in former years was considered to be due to contraction of the bronchial tubes, and that it was due to some specific irritation of the air tubes.

Budd divided Asthma into two varieties, one depending upon cardiac disease, emphysema, the other due to a spasm of the respiratory muscles. Bosworth calls Asthma a vaso-motor bronchitis; Copeland, nervous asthenia; Loomis, Trosseau; Salter and many others consider it a diathetic neurosis. Morton claims it is due to disorders of the larynx and compares it with spasmodic croup of the bronchial tubes in Asthma, the direct cause of the paroxysm being an excess of venous blood in the medulla. A great many modern writers regard Asthma as a neurosis of the pulmonary plexus. A large number of the profession are accepting the Uric Acid theory as being the cause of producing the paroxysm, so we can easily understand that it is a hard proposition to come to any correct conclusion in regard to the paroxysm of Asthma.

In Nasal, Pharyngeal, or Naso-pharyngeal Asthma, we have the sensitive area in the nose, pharynx or naso-pharynx, polypus, hypertrophic catarrh, rhinitis, deviation of septum, nasal spurs, tumors, adenoids and other conditions of the upper respiratory tract, causing obstructions to free nasal respiration, are positive factors in Asthma. Of course we must not forget that it is a reflex neurosis, and that the genito-urinary, rectal and other diseases in connection with those already mentioned will bring on attacks of Asthma. An excess of any of the nitrogenous waste products of the body may, if not eliminated, produce irritation of the sensitive nerve centers. The most common of these are Uric Acid and Oxalic Acid, these are both produced by defective metabolism; the Uric Acid in the blood so alters nutrition as to cause a neurosis of the branches of the pulmonary plexus, thus inducing hyperesthesia, and engorgment of the mucous membrane from irritation of the vaso-motor system, and spasm of the muscular coat of the bronchial tubes takes place.

Asthma has also been observed to alternate with those diseases that are generally attributed to the uric acid diathesis, such as neuralgia, rheumatism, gout, angina, migrain, etc. In nasal and naso-pharyngeal Asthma, any irritation that may come in contact with the upper respiratory tract will bring an attack. In bronchial Asthma, colds, fogs, dampness, change of weather often give rise to an attack. In the peptic form, certain kinds of food will act as an irritant.

I will not take up much time to discuss the diagnosis or symptoms. The treatment is what concerns us most, and what the patient wants is immediate relief, and no quicker results can be obtained to relieve the paroxysm of dyspnoea than the use of morphine and atropine hypodermically or apo-morphine, the local application of cocaine and adrenalin if situated in the nose, but there is danger of creating a morphine or cocaine habit. Nitroglycerine is an excellent remedy. Nitrate of Amyl to be inhaled gives good results but it must always be fresh. The administration of Grindelia is very good. The inhalation of Stramonium leaves, nitrate of Potassium, etc., are well known to you all. The paroxysm of dyspnoea having been relieved, the next and most important thing in order is to prevent its return if possible. The nose and naso-pharynx should be carefully looked after, and all obstructions removed. If the mucous membrane is diseased, it must get proper attention. In the bronchial form my favorite remedy is Kali Iodid 3i Liquor Potas Arsen 3ss Tr. bell 3iss Elix Lactopep, 3ij and in peptic Asthma the stomach should be carefully looked after, and the patient kept on a diet; all red meats, and stimulus such as liquors, coffee, or tea, should be stopped. Phosphate of Soda or Salioita is one of the best treatments in the uric acid diathesis. It is absolutely of great importance in the treatment of Asthma that the nose, naso-pharynx, the genitourinary and rectal troubles should receive proper attention.

CIRCUMCISION OF WOMEN.

JOHN ALBERT BURNETT, M.D., Little Rock, Arkansas.

The Board of Medical Examiners of the State of California has asked the following question on gynecology at one examination: "Give a good reason for circumcising a woman and describe the operation." In my opinion this was a very good question to be asked as the circumcision of women is as important, when needed, as the circumcision of men.

As this question was asked in California it will no doubt be of interest to some medical journal published in that state.

Recently I wrote to fourteen physicians, seven regular and seven homeopathic physicians and asked them the following question. "The Board of Medical Examiners of the State of California asked the following question: Give a good reason for circumcising a woman and describe the operation. How would you answer this question and what are the various reasons for circumcising women?" Of the seven regular physicians four answered and of the seven homeopathic physicians five answered. The answers are as follows:

Dr. J. H. J. Upham, Professor of Medicine Starling, Ohio, Medical College, said: "In answer to your question I would say that the operation referred to is occasionally performed

where the clitoris is abnormally long or bound down by adhesions associated sometimes with reflex irritation. Usually simple separation of the adhesions is sufficient. The operation merely consists in amputating the excess tissue and bringing together skin and mucous membrane so as to leave the glans clitoridis well exposed."

Dr. R. E. Skeel, Professor of Obstetrics Cleveland College of Physicians and Surgeons, said: "In reply to your question I should say that I should know of but one reason for the operation, namely a malignant growth of the prepuce of the clitoris. Owing to the fact that malignant growths are irregular in character I should be unable to answer the latter half of the question if the operation were based upon the reason given above."

The reply from the Editor of the Medical Record (Wm. Wood & Co.) was as follows: "In reply to your query I will say that circumcision in the female is said to be indicated in cases where the clitoris is hypertrophied and surrounded by an abundance of loose, flabby and redundant prepuce. The prepuce is slit up on the dorsum (similar to the same operation in the male) or as is done in the first step of clitoridectomy. The prepuce now divided into two flaps is cut away by seizing each flap in turn with forceps and cutting it off at the base with scissors. The exposed raw surfaces are brought together by fine catgut sutures."

The Editor of the American Journal of Clinical Medicine said: "We are in receipt of your recent communication. Circumcision of a women is a very small operation and technique is described in any modern work on surgery or genito-urinary The existence of a hooded clitoris is sufficient reason diseases. for circumsicion of a female. Ashton in his work on gynecology goes into this subject in extenso. 'Adherence of the prepuce and glans are quite frequently met, these should be broken up, the surfaces kept apart until healing takes place. A large flabby redundant prepuce is occasionally met with, local irritation is apt to be produced and masturbation result; serious neurotic conditions are apt to develop. Operation: A general anesthetic should be given or a full local anesthesia produced. The prepuce is seized on each side of the glans with forceps and divided with a pair of straight scissors along the dorsum of the clitoris. Each half of the divided prepuce is then removed with scissors and the raw surface is covered by uniting the edges with uninterrupted catgut sutures.' In Ashton's work the various steps of the procedure are illustrated.'

Dr. George Royal, Dean and Professor of Materia Medica and Therapeutics of the University of Iowa College of Homeopathic Medicine said: "Your letter before me. One reason for circumcising a woman is an adherent clitoris. Under aseptic precautions with local anesthesia free the hood of clitoris and amputate enough to leave the clitoris free. This is frequently done.

See Wood's Gynecology page 930 for full directions."

D. T. Smith, B.S., M.D., Professor of Surgery, University of Michigan, Homeopathic Department said: "Circumcision of the female should be made when the hood of the clitoris is long and adherent to the organ. If the child or woman is troubled with any of the neurosis that would call for circumcision in the male, epilepsy, chorea, irritable temperament, sleeplessness, sexual perversion, etc., I perform the operation by separating the hood from the clitoris with a groved director. When fully separated the organ will stand out prominently as a nub when the hood is pushed back. The hood is then a fold of skin on the upper side and mucous membrane on the under side just like a prepuce except that it only covers the top and sides of the glans. A strip of sufficient width is cut from the edge. You never have a ring as in the male foreskin. As a rule freeing the foreskin of the hood and preventing the adhesions reforming is all that is necessary."

Dr. J. B. Cobb, Professor of Pediatrics Hahnemann Medical College of Chicago said: "The term 'circumcision of a woman' constitutes a violence to the English language for which I know no adequate medical authority. 'Unhooding of the clitoris' is recommended for a variety of reasons is a routine habit with some authorities. It undoubtedly is indicated at times and

is often followed with good results.

"Nervous conditions that can be traced to local genital irritation would in my mind warrant the procedure. In little children I recommend it as a means of relief from enuresis and masturbation."

Dr. H. C. Aldrich, Professor of Gynecology, University of Minnesota, College of Homeopathic Medicine and Surgery said: "Your question quoted from the California State Examination to-wit: 'Give a good reason for circumcising a woman and describe the operation.' I can answer that the same reasons for the operation in the male apply to the female and the operation would be breaking up the adhesions under the hood of the clitoris and amputating the hood, sewing up the edges of the wound with fine catgut. It is often needed and most invariably produces wonderfully good results.'

Dr. Lincoln Phillips, Professor of Pedriatrics, Pulte Medical College said: "In reference to the question (California Board) circumcision in women is indicated when the hood of the clitoris is elongated and adherent, when it is a cause of masturbation and when it is productive of reflex nervous symptoms

(as in male) headache, indigestion, sleeplessness, neurasthenia, etc. As to operation, slit the hood the distance required, then pare edges on both sides, insert catgut sutures as in foreskin of male."

I do not fully agree with Dr. Skeel in his opinion on the circumcision of women and don't think that many physicians would agree with him. I do not fully agree with Dr. Cobb on his views on the term "circumcision of a woman." I consider it just as correct to speak of male or female circumcision as it is to speak of removing the prepuce from the clitoris or penis or to speak of male or female castration.

When a human female has the prepuce cut off the clitoris, or a male has the prepuce cut off the penis they are circumcised. When a human female has the ovaries removed or a male has the testicles removed they are castrated. I like the term circumcision for male and female as well as the term castration.

I have an article "A Few Facts Regarding the Clitoris Gathered from Various Sources" September, 1908, Kansas City Medical Record, which will be of much interest to those who are interested in female circumcision. It is a long article and true to title. The value of circumcision of women is well known to some physicians, but others know nothing about it. It is a subject that should be better known, or more generally known, as in the treatment of diseases the cause must be found and removed or the treatment is empirical.

These letters show a variety of opinions on the reasons for circumcision of women and how it should be done and I think will be interesting as well as instructive and beneficial to many physicians and many women and girls. It is my object that it shall be the means of helping the female sex in many ways.

ALCOHOLISM.

F. A. P. Montagu, M.D., Drury, New Zealand

From excessive use of intoxicating liquors the condition of the blood becomes altered and the action of the nervous system perverted. It causes loss of Honor and Morality and reduces man to a condition little above a beast. Whenever these changes have occurred a disease exists known as Alcoholism. Drunkenness is the greatest curse that ever befell mankind. It destroys more lives than war, famine or plague. It creates an endless flow of tears and an immeasureable amount of anguish and suffering. It beggars homes, is the cause of crime and brings those who have wealth and affluence to poverty and disgrace.

To remedy this evil, philanthropic men and women have

gone so far as to form temperance leagues and other societies for prohibition and established a political party. These efforts have accomplished a great deal in New Zealand. When a man has lost his Honor and violates his promises, abuses his family and commits thefts and other crimes, then the disease is known as Oinomania. A great question arises when this form of insanity exists, as to whether the person is responsible for crimes or not. In these cases I have prescribed the following with good results:

B Sp. Hydrastis 3i.
Sp. Cannabis m x.
Sp. Nux m v.
Tr. Capsici 3i
Aqua ad 3iv

Sig: 3i t. i. d. p. c. ex. aq.

In the case of Delirium Tremens the best treatment is a soporific and unless sleep is obtained the patient dies of exhaustion. Tr. Agaricus mx aq. 3i will have the desired effect, it is also a good prophylactic. Should the patient suffer from excessive nervous excitation the following is of benefit:

B Ammon. Brom.
Pot. Brom.
Sod. Brom. aa. 3i.
Inf. Aurantii ad 3viii.
Sig: 3ii t. i. d. p. c. ex aq.

MACROTYS.

The study made of Macrotys (Cimicifuga Racemosa) by The Eclectic League for Drug Research, defines its apparent specific field as follows:

(1). Myalgia and all painful muscular conditions the result

of improper excretions.

(2). Nervous conditions the reflex from certain muscular organs.

(3). Certain sub-acute nervous and mental states resulting

from a disturbed circulation of the brain.

Most all of the primary diseased conditions in which Macrotys acts best, apparently arise from a disturbance in which excretion of certain products of metabolism yet to be defined. Acute rheumatic myalgias the results of "colds;" rheumatic fevers (with the proper sedative for the febrile state); and the uterine muscular pains, apparently all result from the same state of the bodily fluids.

The secondary reflex nervous diseases may arise from the heart, the uterus or any muscular tissue. The chorea relieved by Macrotys seems to be of this type, although the drug ap-

parently also directly affects the central organs, as evidenced by the dizziness, nausea, palpitation and mental perturbation to which it gives rise.

All reports recommend its use in as large a dosage as can be borne by the patient, ceasing its administration when untoward signs appear.

Its nature is sedative and Dr. Ellingwood recommends that this be augmented as indicated by Gelsemium or Scutellaria, or as Dr. Scudder has recommended, by Aconite.

Dr. A. W. Smith, Chicago, relates an interesting case of a woman aged 25 years, suffering from Chronic Hyperplasia of the Uterus, with all its reflex symptoms. After exposure to inclement weather, a severe Tonsillitis arose, which the ordinary remedies, in over a week's use, failed to relieve. Noticing the similarity of the symptoms, to a case of Rheumatism, he administered Macrotys with marked relief and speedy cure. A feature was the sub-normal temperature, following the use of the previous drugs and which Macrotys remedied.

In a recent case of Tonsillitis in my own practice, Macrotys with Aconite, gave one of the quickest cures I have ever had in this disease.

Other suggestions reported were its use in Phthisis Pulmonalis, combined with Iodine; false pains; La Grippe and various well-known Uterine wrongs.

Dr. V. A. Baker, Michigan, suggests its use in the irritable bladders of either sex, and one report mentions it as a sexual tonic to both sexes.

LOBELIA INFLATA.

(Supplementary).

Further report on Lobelia Inflata brings to light the following facts:

One Michigan Eclectic reports the frequent hypodermic use of the specific medicine in Infantile Eclampsia with excellent results and no consequent nausea nor Abscess formation. However, he reports abscess formation "quite often after the non-alcoholic hypodermic lobelia, despite all antiseptic precautions," he further states that in the hands of a brother practitioner the "hypodermic lobelia has produced excessive emesis upon several occasions."

Excellent results were obtained from the specific medicines, hypodermically in severe follicular tonsillitis, in diphtheria, and in a case of Chronic Bronchitis with an acute Laryngeal Spasm and Dyspnoea so acute, that it looked like the patient would asphyxiate; ten drops, given hypodermically and repeated in ten minutes, gave marked relief.

A report verifies the excellency in ivy poisoning, locally applied and in one case of Chronic Pustular Eczema of the back of the hand.

Dr. Waterhouse, Missouri, in the Medical Harbinger, reports two advanced cases of Diphtheria in which the hypodermic use was apparently a failure, in one of the cases producing so much irritation of the Larynx that it had to be discontinued.

THE ECLECTIC PHYSICIAN AND HIS RESPONSIBILITY.

E. MATHER, M.Sc., M.D., D.Sc., Detroit, Mich.

In the early reports of our Materia Medica Association it is made clear that the reformers believed that the indigenous remedies were possessed of such therapeutic value that the cure of disease could be promoted in an eminent degree by their incorporation into the body of the Materia Medica, and in this way all physicians would come to appreciate their value and employ them in practice. It was not the intention of the reformers to start a new sect in medicine but to make the prevailing practice better by ceasing to use certain objectionable remedies, as calomel, blood letting, tartar emetic, etc., and substituting the indigenous remedies; so mandrake was chosen in place of calomel, the vital energy maintained by doing away with the lancet, and lobelia selected in place of tartar emetic.

This reform failed not because it was not founded on a true principle, but on account of the bigotry and intolerance which prevailed among those physicians who called themselves regulars.

At the present time it cannot be said that the regular medicine values the indigenous remedies on their true merits; and from the little space devoted to them in their publications we may reasonably infer their opinion that if they were all cast into the sea, medicine would sustain no great loss. It therefore remains for our school, the American Eclectic body of physicians to make good the claim of the reformers as regards these remedies and prove to the medical world the great value of these remedies in healing the sick and the practice founded on them.

To bring this about more completely the American Eclectic Materia Media Association has been organized and has now been in existence over seven years. Our plan is to bring into our monthly reports all that is known of these remedies and through our practitioners in the field test them in practice and eliminate whatever is of no value and confirm what is reliable as regards their therapeutic properties; and by uniting this knowledge with successful measures of other schools demonstrate that our Eclectic Fathers builded wisely. At no time in our history has this

work been so important or has a better opportunity been offered our physicians to do effective work; in fact it has become a necessity. Eclecticism is simply an intelligent commonsense application of the laws of health and a proper adoption of remedies to aid nature in effecting a renewal of life in disease. The symptoms of disease are noted and the pathology studied with the view to the acquisition of precise knowledge as to its nature, cause and rational treatment. We study the cadaver in order to ascertain the effect of the morbid state on the organism and to elicit the organic cause. We study remedies by testing them in diseased states; we analyze them to determine what part possesses medicinal power and what is inert and separate them. We make careful trial of methods of treatment in order to obtain an accurate acquaintance with their nature and action. In short we are constantly seeking to render the principles and practice of the healing art rational and successful. We believe in sincerity and truth, we hate humbug in all its forms and detest wrong and untruthfulness. Our practice is based on sound principles and we aim to improve it by a thorough study of our Materia Medica.

We hold liberal views and favor progress and reform in medicine. We aim to employ any means that will ameliorate suffering and prolong life. We are not tied to any creed. In the work before us we need many laborers. Every Eclectic who has the cause at heart ought to join our Association and those who are now with us ought to urge others to join in the good work. "United we stand, divided we fall" is an old saying and a true one in regard to Eclecticism. United we will gain knowledge and advance our cause. We are in the right and there is no chance of failure if we work diligently in the field allotted us. Our predecessors have done a noble work and the good they have wrought is our inheritance and we must not bury it in the earth.

Now brethren, be up and doing, as our cause demands that

every Eclectic do his duty.

STATE BOARD OF MEDICAL EXAMINERS, CALIFORNIA.

San Francisco, April 6th, 7th and 8th, 1909.

GYNECOLOGY.

1. Give location, shape, position and size of a normal uterus.

2. Name and give the attachments of the ligaments that

hold the uterus in position.

3. Give the course of the ureters through the true pelvis, particularly their relation to the uterus.

- 4. Differentiate between Anteversion and Anteflexion of the uterus.
 - 5. Describe briefly the following conditions:
 - (a) Vicarious menstruation and places it may appear.
 - (b). Supplementary menstruation.
 - (c). Suppressed menstruation.
- (d). Emansio mensium (a form of Amenorrhœa) with two causes.
- 6. Give tissues lacerated in incomplete laceration of the perineum. Same in complete laceration.
- 7. Give differential diagnosis between prolapsus of the urethra and urethrocele.
- 8. Differentiate between pelvic hæmatocele and hæmatometra.
- 9. Name the various kinds of cysts found in the pelvis, both from their origin and character of their contents.
- 10. Name the five different places at which a pelvic abscess may "point."

HISTOLOGY.

- 1. Explain the difference in the histological structure of Veins and Arteries.
 - 2. Describe the histological structure of the Tonsils.
- 3. Give the histological structure of Red and Yellow Bone Marrow.
 - 4. Describe the development of Bone.
- 5. Draw a diagram of a cross section of an ovary showing one ripe Graafian Follicle.
 - 6. Describe the histological structure of the Skin.
 - 7. Describe the histological structure of the Pancreas.
 - 8. Identify two specimens.
 - 9. Identify two specimens.
 - 10. Identify two specimens.

OBSTETRICS.

- 1. Describe a four months' fœtus sufficiently exact to be of value as evidence in a medico-legal investigation.
- 2. State fully the reasons or conditions that make a fourteen to eighteen week abortion so very dangerous and describe the management of such a case.
- 3. What clinical symptoms occurring during labor would cause you to fear post-partum hemorrhage, and state in full what measures you would use to prevent its occurrence.
- 4. In a case of delayed second stage of labor, how long a time would you allow to elapse before interfering; and if inter-

ference was necessary what would you consider the indications for each different measure or method of terminating labor?

5. During pregnancy what clinical symptoms would be most likely to cause the patient to consult you for threatening toxæmia of pregnancy? How would you verify the diagnosis and

how would you manage such a case?

6. What do you consider the probability of frights, accidents, etc., in a pregnant woman as a cause of birth-marks, monsters, etc? What do you consider the most common cause of these abnormal cases and at what stage of fœtal life are these abnormal conditions most likely to begin to develop, and what is the best means to prevent their occurrence?

7. In cases of breech or foot presentations, state fully why the dangers are greater to the mother and to the child, and how would you conduct such cases in order to minimize the dangers

to both as much as possible?

8. Describe the symptoms occurring during the first stage of labor that would cause you to fear impending laceration of the

cervix and what means would you use to prevent it?

9. Describe some of the conditions in a puerpural case that would lead you to use extraordinary precautions to prevent infection. In such a case state what directions or orders you would give to ignorant, unskilled help, and what you would do yourself to prevent its occurrence and, should it appear, how would you manage the case under these conditions?

10. If you were to conduct an ordinary case of labor in the country among poor people, state fully what directions you would give to an ignorant, unskilled woman, acting as nurse, for the care of your patient for the first forty-eight hours after labor.

ANATOMY.

1. Give a topography of the bronchi on the ventral and

dorsal surfaces of the body. (Diagram.)

2. Give course of the adult duodenum and position of the pancreas with reference to the ventral aspect of the vertebral column. (Diagram.)

3. What articulations have an interarticular fibro-cartilage?

4. What is the arrangement of the lumbar fascia?

5. Give brief outline of the arrangement and plan of dis-

tribution of the sympathetic nervous system.

6. Name the various bony prominences or landmarks which can be easily felt and recognized in the head and face, which afford the means of mapping out the important structures comprised in this region.

7. What are the veins of the neck which return the blood

from the head and face?

8. What nerves enervate the tongue?

9. Give location of the thoracic duct and indicate what portions of the body are drained by it.

10. What arteries supply the rectum and of what arteries are they branches?

CHEMISTRY AND TOXICOLOGY.

- 1. (a) What is the definite ratio of increase or difference in the methane or marsh gas series?
 - (b). What is an alcohol?
 - (c). How are organic acids produced?
- 2. Select the five most important reagents for an urine analysis outfit and state why you selected each.
 - 3. (a) What body waste does excess of urea signify?
 - (b) What is the normal amount excreted in 24 hours?
 - (c) What will increase its quantity?
- (d). What should be taken into account in establishing its amount in relation to the individual?
 - 4. (a) Describe Ehrlichs Diaxo-reaction.
 (b). Of what diagnostic importance is it?
- 5. (a) What acids produced from carbohydrates by bacterial action in the intestine?
 - (b). Do these acids stop the action of the pancreatic juice?
- (c). What putrefactive products in the intestine from bacterial action?
 - 6. (a) In what form may indol be found in urine?
 - (b). Outline analysis.
 - (c). What is its clinical significance?
- 7. Give action, where formed, products and classes of foods digested by: (a) Trypsin. (b) Amylopsin. (c) Steapsin.
- 8. (a) Why would you not give the alkaline carbonate as antidote in oxalic acid poisoning?
- (b). Describe symptoms and outline treatment for a case of carbolic acid poisoning.
 - 9. (a) Give the symptoms of poisoning from mushrooms.
- (b). What difference would you note in the stains on the skin between nitric acid and sulphuric acid poisoning?
- 10. Symptoms: Dryness of the throat, metallic taste, great thirst, colic (relieved by pressure), abdominal muscles rigid, constipation, cramps in legs, paralysis of the extremities, convulsions, blue line at margin of gums. Name the poison.

BACTERIOLOGY.

- 1. Differentiate Endogenous and Exogenous infections.
- (b). Name one organism associated with each condition.

2. Name the organism of chancre.

(b). Give the morphology and staining peculiarities.

(c). Name the organism of chancroid.

- 3. Name two methods of animal inoculation.
- (b). State the precautions necessary to satisfactory results.
- 4. State how to prepare potato for cultural purposes.
- (b). Name two organisms to whose growth it is suitable.

5. Name three pyogenic organisms.

(b). Three toxine producers.

- (c). Five pathogenic organisms positive to Gram's method.
- 6. Name the most frequent causal organism in: (a) Appendicitis, (b) Acute Cystitis.

7. Name three anærobic bacteria.

(b). Describe a method of cultivating anærobins.

- 8. Define: (a) Leucomain. (b) Pleomorphous. (c) Agglutin. (d) Alexin. (e) Phlogistic.
 - 9. Examination of two slides.

10. Examination of two slides.

PATHOLOGY.

1. Discuss the etiology of thrombosis.

2. What is the mocroscopic appearance of the liver in hypertrophic cirrhosis?

3. In normal feces, what is the percentage of bacteria (dry, by weight)? How does it vary in constipation, diarrhea?

- 4. Name the diseases, the diagnosis of which may be made entirely by blood smears, blood culture, blood count, and serum reaction.
- 5. What is the microscopic character of the blood in Banti's disease? What are the gross post-mortem findings?

6. Describe the mechanism of jaundice due to obstruction

of the extra-hepatic bile ducts.

7. Secondary to tonsillar infections, what diseases or pathologic lesions may result?

8. In what different ways may arteriosclerosis cause death? 9 and 10. The diagnosis of pathologic specimens under the microscope.

PHYSIOLOGY.

1. Define and give illustrations of (a) autolysis, (b) plasmolysis.

2. Give the probable location of the chief motor areas of

the cerebral cortex.

3. Describe the distribution and function of the spinal-accessory nerve.

4. (a) Where are the trophic centres of the skeletal muscles? (b) Where is the parturition centre?

5. Describe the blindness ensuing from a destructive lesion of the right optic tract.

6. Describe the innervation of the respiratory movements.

7. Explain the movements of the large intestine.

8. (a) What is the function of the portal system of veins? (b) Mention the principal branches. (c) How do they differ from other veins?

9. Why are the arteries in a state of emptiness after death?

10. Define: (a) atelectasis, (b) alexins, (c) protozoa, (d) ptyalin, (e) caul, (f) chemotropism, (g) colostrum, (h) catamenia, (i) eupnea, (j) strabismus.

HYGIENE.

1. Define certified milk; inspected milk; Pasteurized milk.

2. How is a sand filter for water constructed and what attention must be given to such a filter?

3. Describe the three large groups into which the different

forms of food poisoning may be divided.

4. Discuss the economic loss to the public through insects that carry disease.

5. Name six (6) efficient disinfectants and indicate their application to different purposes.

6. What evidence is there that tuberculosis is a septicemia?

Enumerate an efficient and complete plan for the control of tuberculosis.

8. Why is an early diagnosis of syphilis important and what are the methods by which a positive diagnosis can be made?

9. What are the causes of the ordinary "colds" and what

can be done to prevent them?

10. What progress has been made with the serum treatment of disease?

GENERAL DIAGNOSIS.

Describe the Anæmias.

Describe Duodenal Ulcer.

3. Describe Acute Poliomyelitis Anterior. 4. Differentiate Conjunctivitis and Iritis.

5. Desribe Abdominal Pains in the Male and give significance of each.

6. Differentiate Renal and Hepatic Colic.

7. Differentiate Aortic and Mitral Valvular Diseases.

8. Describe Raynaud's Disease.

9. What are the causes of Endocarditis?

Give early symptoms of Gastric Ulcer. 10.

SURGICAL SUGGESTIONS

"Paracentesis" is a misnomer. The drum should be slit from below upwards and near the posterior margin, throughout its entire extent. In withdrawing the knife it may be allowed to cut deeply into the upper canal wall near the drum (internal Wilde's incision).—American Journal of Surgery.

Pain in the ear, increased on traction on the auricle, with slight diminution, if any, of hearing, suggests a furuncle in the meatus. Introduce the speculum with great care. The probe will often reveal a point of marked tenderness.—American Journal of Surgery.

Don't incise a furuncle of the auditory canal. Tampon the canal with a wick of cotton or gauze saturated with liquor Burowii (acetate of aluminum), resorcin-alcohol, or balsam of Peru, and wait until pain has disappeared. Hot applications may be needed. A furuncle pointing and threatening to burst may be opened with a superficial cut. Avoid wiping the pus along the canal, the result is almost inevitably a fresh crop of furuncles.—American Journal of Surgery.

If one suspects acute cholecystitis and on opening the abdomen does not find the gall-bladder enough diseased a warrant further procedure, it is best to anchor the tip of the organ by suturing it to the abdominal wall. If further symptoms are manifested, the gall-bladder can then be opened without anesthesia and a catheter inserted for drainage.—American Journal of Surgery.

A persistent sinus after an operation for appendicitis in the majority of cases means that a portion of the appendix has been left behind. It may also mean that an exudate has not broken down or that some foreign body has been left in the wound. One should give the sinus an opportunity to close by itself, but if it does not do so, a prolonged operation is necessary. The walls of the sinus must be carefully excised, all rents in the serosa of the intestine sewed over and drainage instituted, as there is often considerable oozing from the raw surfaces. First and foremost, the primary cause of the sinus must be found and corrected.—American Journal of Surgery.

Persistent, remittent fever after an acute infection of the knee joint is usually due to a systemic invasion. Such cases are best treated by laying the joint wide open (Mayo operation).

—American Journal of Surgery.

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MEDICAL LEGISLATION THAT FAILED.

An attempt was made to amend the medical law of California during the last legislative session which failed. Two bills were introduced in the assembly with this object in view; Nos. 939 and 1331. The former bill was presented by Mr. Hinckle and the latter by Mr. Silver. Both bills passed the assembly unanimously, but the sticker was in the senate. As assembly bill No. 1331 had the best prospect of passing, all efforts were concentrated upon it, after it reached the senate.

The amendments which it contained were:

First, Appointing the members of the state Board of Medical Examiners by the Governor. Under the present law recommendations for appointment are made by the various medical societies, from which number selections are made and the Governor signs their commissions. The Board is responsible to no one for its acts neither to the Governor nor to the societies. After a man gets on the Board there is no way to get him off until his term expires except by death or removal from the state. The Board is presumably an administrative body and should be under executive control but it does as it pleases and no one can call it to account. It is believed by many that this anomalous situation was responsible for the scandal of last year, which was caused by unfair methods used in conducting the examinations.

Second, The bill provided that if an applicant for a license passed in a majority of the subjects examined, he could take the examination again without having to pay an additional fee; and was required to be examined only in the failed subjects. The fairness and justice of this provision is apparant on its face and needs no elucidation.

Third, Reciprocity between states was recognized, but the standard of qualification adopted by the different states are so variable and conflicting that the bill, even if it had passed, would have afforded little if any relief. If a physician is fit to practice his profession in one state he should have the right to practice in any state of the Union.

These amendments are so fair and reasonable in their demands that it would seem there could be no one to oppose them. They were opposed, however, and finally defeated by the Clique of paid agents acting for the American Medical Association, an organization outside the state that arrogantly assumes to be censor of the medical profession. It is a soulless monopoly which seeks to control medical education and practice for selfish ends, and is as hard and unrelenting in its methods of cinching the other fellow as it is possible for any trust to be.

As soon as the bill reached the senate it was found that the schemers had a frame up to kill all medical legislation. The bill dragged in committee and would have died there had it not been nursed by its friends. The strong pressure that was brought to bear forced the bill out of committee, but without recommendation. When put to vote in the senate it passed by one majority. A rehearing of the bill was called and, when put on its final passage, was lost by one vote. The bill was thus defeated by only a small margin, but "a miss is as good as a mile" and no change can now be made in the law for two years more, or until the legislature meets again.

The men who were present in Sacramento representing the Allies in a campaign against the medial trust were as follows: Independent Regulars: Drs. C. L. Abbott, C. E. Leithead, A. B. Nelson and G. L. Eaton; Osteopaths: Drs. A. B. Shaw, E. J. Thorn and H. W. Forbes; and Eclectics: Drs. L. A. Perce, W. H. Henderson, C. Mealand, C. L. Murry and J. A. Munk. The Homeopaths were not represented.

J. A. MUNK, M.D.

DON'T WORRY OUT LOUD!

Nearly all of us can give advice with singular freedom and fluency. This aptitude should be carefully restrained, for like other habits it grows upon one and the use of it may embarrass

rather than benefit our friends. However we venture upon one

suggestion.

Each of our readers will verify the statement that never a week passes without it being said either to him or to another in his presence: "Don't Worry!" Sometimes it seems to us that we have heard this expression more than a million times. Inasmuch as it is on the lips of everybody it must be good advice. And, doubtless it points to a goal worthy of a great effort to attain. However we cannot recall that any one ever has endeavored to show us the way. The advice was usually delivered in a paternal kindly manner in much the same style as one would admonish a little boy not to swear, but with never a suggestion as to the proper method to be followed. For be it known that some of us worry because we have inefficient livers, not from choice, and a method is necessary if deliverance is to be found.

All of us know that the thoughts of the brain are developed by being expressed. Be they good or bad, useful or harmful, each thought is amplified by its expression, and the oftener it is expressed the faster it reaches maturity and produces its influence. Likewise we all know that a thought never expressed is practically a nonentity and that it is likely to die "a bornin." As it is known only to the originator its influence upon others is indeed slight. Should this thought be one which will benefit others or increase their happiness its suppression would be a misfortune, in a sense. But, on the other hand, should it be one with opposite tendencies its suppression would be a blessing to others as well as ourselves. As it is universally held that worry belongs with the last named, and that it is an undesirable condition for the possessor as well as his friends; therefore let it be suppressed. But if we must worry let us not inflict our indisposition upon our friends. They will appreciate it; and furthermore by so doing, eventually the habit will die within us. Don't worry out loud! Try it.

HOW TO KNOW A DEAD BEAT.

A dead beat is a person (male or female) who does not pay his debts, though he could do so. The medical profession suffers most from this gentry, who expect to pay the doctor when, to use an old rural saying, they "thrash their cats." It is true, however that no small proportion of bad bills depend on the physician's own negligence in sending statements, or even himself deferring the settlement of accounts due him.

There are certain classes which we may rightfully regard as good pay only when they put down the cold cash at the time the work is done; for example, negroes, prostitutes and gamblers. It is well to "keep the eye peeled" for the denizens of down-town blocks and for people who live in squalid quarters in certain sections of each town. Individuals who wear diamonds and board at hotels, those who have undeveloped gold mines, and others who have great expectations of getting money when somebody dies, are all to be regarded with suspicion until they have made good. Native Americans are, to say the least, no better at paying their bills for medical services than are foreigners. The Scandinavians, from Northern Europe, and the Italians, from Southern Europe, are equally honest in this respect. The younger generation are more prone than their elders to disregard pecuniary obligations to medical practitioners, and often need to have it brought home to them that "honesty is the best policy."

The habitual dead beat has a characteristic physiognomy which is rather difficult to describe, just as it is not easy to explain how we can usually distinguish by the facial appearance a boy baby from a girl. No doubt the facies deadbeatica is more an habitual expression than a fixed cast of lineament. It is a sort of air of indifferent effrontery, of obnoxious camaraderie—a look of "I'm just as good as you are even if I don't pay my

debts."

Almost pathognomonic is the dead beat's recital of his previous medical attendant's mistakes and failings. In the city at least, an office caller who is a stranger and who makes no arrangements for requital of service, may pretty surely be set down as a dead beat. Another very suspicious symptom is his lack of consideration for the doctor and for other patients. When you are sent for by night or day to come immediately (if not sooner) to a case which is not an actual emergency, you will have reason to conclude that those who call you in haste will likely pay you at leisure.

Just as we have tests for albuminuria and for arsenic, there are likewise ways of quickly proving a dead beat to be what he is. If a bill sent on the first of the month meets with no response, and there is still a negative reaction when the account is given to the collector at the beginning of the next month, the financial character of the patient is fairly well established. Mitigating circumstances may be present, of course, which will lead us to send our statements at quarterly or, rarely, yearly intervals. Most of us, moreover, are naturally inclined to carry along, for the sake of old times, those who have once been good pay, but who, from misfortune or lack of energy, have not kept up with the procession in earning a full and honest living.

It would seem hardly necessary to call attention to the fallacy of continuing to treat those individuals who have shown themselves to be confirmed dead beats. They rob us of our time, our strength, our money (carefare, medicines, dressings, etc.). and, worst of all, our reputation, for by some curious torsion of conscience the man who owes you, without paying, often endeavors to convince himself and others that you have done him no good or have done him injury. Emergencies occasionally arise when the nearest doctor, for the sake of humanity, will attend a fellow being, no matter how worthless the latter is known to be. Much so-called charity (involuntary), however, is performed by the physician or surgeon in order that another doctor may not get a wedge into his practice, whereas he should rejoice to be relieved of such patients, who are in every way unsatisfactory. Charity begins at home, and if the general practitioner has no more than a fair practice, it is not injustice to good pay patients to neglect them and hurry over their examination and consideration in order to carry on the cheap and superficial drudgery of clinics and hospital wards.—Ed. Denver Medical Times.

SOCIETY CALENDAR.

National Eclectic Medical Association meets in Chicago, Ill., June, 1909. J. K. Scudder, M. D., Cincinnati, Ohio, President; W. P. Best, M. D., Indianapolis, Ind., Secretary.

Eclectic Medical Society of the State of California, meets May, 1909. J. A. Munk, M.D., Los Angeles Cal., President; J. Park Dougall, M. D., Douglas Bldg., Los Angeles, Secretary.

Southern California Eclectic Medical Association meets in Los Angeles in May, 1909. E. R. Harvey, M. D., Long Beach, President; A. P. Baird, M. D., Auditorium Bldg., Los Angeles, Secretary.

Los Angeles County Eclectic Medical Society meets at 8 p.m. on the first Tuesday of each month. Dr. L. A. Perce, Long Beach, Cal., President; Dr. P. M. Welbourn, 818 Security Building, Los Angeles, Secretary.

LOS ANGELES COUNTY ECLECTIC MEDICAL SOCIETY.

The regular monthly meeting of the Los Angeles County Ecletic Medical Society was held on Tuesday, April sixth, at the office of Dr. Solomon, 308 Wilcox Building.

In the absence of the President, Dr. E. R. Harvey presided. The attendance was not as large as usual but those present enjoyed the interesting paper on "Asthma" which was read by Dr. Solomon. Afterward the various members related their personal experience in the treatment of this troublesome ailment.

The May meeting will not be held owing to the annual meeting of the Southern California Eclectic Medical Association which meets at the regular time of the County Society. The next meeting will be on June 1st, 1909, at Dr. Solomon's office, at which time Dr. Finch will read a paper.

DR. L. A. PERCE, President. DR. P. M. WELBOURN, Secretary.

PROGRAM OF SOUTHERN CALIFORNIA ECLECTIC MEDICAL SOCIETY.

Long Beach, Tuesday, May 4, 1909.

President's Address E. R. Harvey, M.D.
Brain Compression and Concussion B. Roswell Hubbard, M.D.
Albuminuria of Pregnancy (clinical case) A. J. Crance, M.D.
AlcoholicsQ. A. R. Holton, M.D.
The Future of the Medical CollegeJ. A. Munk, M.D.
DiagnosisL. A. Perce, M.D.
Abdominal Palpation
The Position of Eclecticism
Electro DiagnosisA. O. Conrad, M.D.
Scarlet FeverA. P. Baird, M.D.
The Ear and its Anatomical Structure and Treatment
J. C. Solomon, M.D.
Is Calomel Ever a Remedy?O. S. Laws, M.D.

STATE SOCIETY NOTICE.

The next meeting of the Eclectic Medical Society of the State of California will be held in San Francisco, May 25-26-27, 1909, at which time all Eclectics in California should be present and lend their support.

Changes are occurring daily in medical circles, and the medical men of today should attend their State Societies to keep in touch with medical legislation and progress. Never in the history of the world was united effort and organization so necessary to the welfare and wellbeing of any association or society as it

is today.

More than ever before we must build foundations broad and firm. As the future health of the human race depends upon the principles we teach and the foundations we lay, therefore let us combine our counsel with harmonious and united action. To do this there must be a more acute realization of our duty. "Duty" is the basic principle underlying the action and controlling the statute of the man of medicine. It strikes more

nearly the key, it responds more nearly to the chord of man's honest endeavor to assist his fellowman, than any other element which enters into his nature. This simple desire to better our fellowmen, if carried into united action, and applied to humanity, would be of more benefit to the world than all the works of Napoleon.

If for any reason you have not received a notice of this meeting, please communicate with the secretary at once. If those who have received notices, will return the enclosed post-card as early as convenient, it will facilitate the arrangements

and details of the meeting.

The meeting will be held in the Stewart Hotel, Geary street, above Union Square and convene at 10 a.m., Tuesday, May 25th, 1909. Transfer to Powell street, get off at Geary.

J. PARK DOUGALL, M.D., Secretary.

NATIONAL BULLETIN FOR MAY.

The time for the annual meeting of the National draws near. It is an important period in the history of Eclecticism. Allopaths, through the A. M. A., are using every means to eliminate every liberal system of medicine. They move for the annihilation of both college and school, one and all. More than ever do we now need the advice and active co-operation of our best counsellors. We must unite our energies to meet the methods of a mighty organization, determined to crush all outside their fold. Changes in the policies and methods of our National Association are necessary to meet changed and changing conditions. We must meet the issues, bury dissensions if any arise, and with a house in order face the future.

There are 7,000 Eclectics, over 2,300 of whom belong to the various State societies. Every one of these should belong to the National, for the good of our cause, and for their own profession-

al life and standing.

Every State society meeting in May should put itself on record for the new per capita tax of the National. Vote for the movement. For only *Two Dollars* per year, in addition to the State dues, each member will become a member of the National.

Then go to Chicago June 15-18, and help those who are working for the preservation of American medicine and medical liberty. If you have not promised a paper to any Section of the National, send us the title of a volunteer article, on some subject of interest, for publication in the program to be published about May 15. This will be mailed to every Eclectic in the United States.

Do what you can, and do it now. Address,

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WM. P. Best, M.D., Secretary,

2218 E. Tenth Street, Indianapolis, Ind.

NEWS ITEMS.

Dr. W. W. Maple announces his removal to 511 Fleming Bldg., April 7th, 1909. Des Moines, Iowa.

Dr. Hooper, Santa Barbara is in the city and has been quite ill.

Dr. J. S. Hayes, formerly a resident of Denver, has moved to this city and will practice his profession here.

The Eclectic Medical Society of the State of California will

meet in San Francisco on May 25-26-27.

Dr. H. Scott Turner who has been recuperating at Bundy's Hot Springs, Elsinore, has returned to Pomona, entirely recovered in health.

There was a meeting of the faculty of the California Eclectic Medical College at the office of the dean on April 20th.

There will be no meeting of the Los Angeles County Eclectic Medical Society in May, owing to the Annual Meeting of the Southern California Eclectic Medical Association which will be held in Long Beach on May 4th.

Another consignment of native wild plants for the college botanical garden has been received from Prof. H. W. Felter, of Cincinnati. All such botanical contributions are very thank-

fully received and used to the best advantage.

Dr. Munk's article on a trip to Arizona which appeared in the March Journal was copied in full in the Arizona Republican.

Dr. J. P. Dice and wife of Xenia, Ohio, are visiting at the home of their son Dr. S. D. Dice in Hollywood.

Dr. J. F. Hubert, Chicago, spent a few days in the city re-

cently. He was enroute to Santa Cruz on business.

Dr. U. C. Coe, Bend, Oregon, stopped in the city for one day during last month. The doctor was on his way East for post graduate work.

MEDICAL PROGRESS.

The following resolution was presented and adopted at the meeting of the California State Board of Medical Examiners, April 7th, 1909:

RESOLVED, That students and graduates of Osteopathic

Colleges whose requirements are, in the opinion of this Board, in no particular less than those of the A.A.M.C. at the given time, shall be granted as many years credit as they attended those colleges; provided they have met the preliminary educational requirements of said Association.

BOOK REVIEWS.

Annual Report of the Surgeon-General of the Public Health and Marine-Hospital Service of the United States for the fiscal year 1908. Washington Government Printing Office. 1909.

SEVEN HUNDRED SURGICAL SUGGESTIONS. PRAC-TICAL BREVITIES IN SURGICAL DIAGNOSIS AND TREATMENT. By Walter M. Brickner, M.D., and a staff of collaborators. Third Series, 153 pages; cloth, \$1.00. Ooze leather, \$2.25. Surgery Publishing Company, N. Y.

"From a little booklet of 250 'Suggestions' published in 1906, this volume has now grown to 700, and is literally 'chock full' of useful morsels of surgical information, served in terse, epigrammatic paragraphs that hit the eye and stick to the memory. The continued favor with which this book is received is good evidence of its value. Three editions in two years, each better and larger than its predecessor, is 'going some.'"

PRACTICAL DIETETICS WITH REFERENCE TO DIET IN DISEASE. By ALIDA FRANCES PATTEE. Fifth edition. 300 pages. Price \$1.00 net. By mail \$1.10. A. F. Pattee, Publisher, 134 So. 1st Ave., Mt. Vernon, N. Y.

"This is one of the most practical and comprehensive books on diet that it has been our privilege to review. The preparation and administration of liquid, semi-liquid and solid food is graphically presented with an array of formulas that will suit the most fastidious palate. * * It also contains diet lists in various diseases and for infants and children as advised by leading physicians and as used in our largest hospitals. It is in all a book that is invaluable to the physician, student or nurse."

The Modern Medicine Publishing Co. announce for early publication a work on Phototherapy entitled LIGHT THERAPEUTICS, a Practical Manual: Physics, Physiologic Effects, Technique, Therapeutics, Clinical Applications, by Dr. J. H. Kellogg, Superintendent of the Battle Creek Sanitarium.

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It is the same pleasant, gentle laxative, however, which for many years past physicians have entrusted to domestic use because of its non-irritant and non-debilitating character, its wide range of usefulness and its freedom from every objectionable quality. It is well and generally known that the component parts of Syrup of Figs and Elixir of Senna

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Syrup of Figs and Elixir of Senna is an ethical Proprietary remedy and has been mentioned favorably, as a laxative, in the medical literature of the age, by some of the most eminent living authorities. The method of manufacture is known to us only, but we have always informed the profession fully, as to its component parts. It is therefore not a secret remedy, and we make no empirical claims for it. The value of senna, as a laxative, is too well known to physicians to call for any special comment, but in this scientific age, it is important to get it in its best and most acceptable form and of the choicest quality, which we are enabled to offer in Syrup of Figs and Elixir of Senna, as our facilities and equipment are exceptional and our best efforts devoted to the one purpose.

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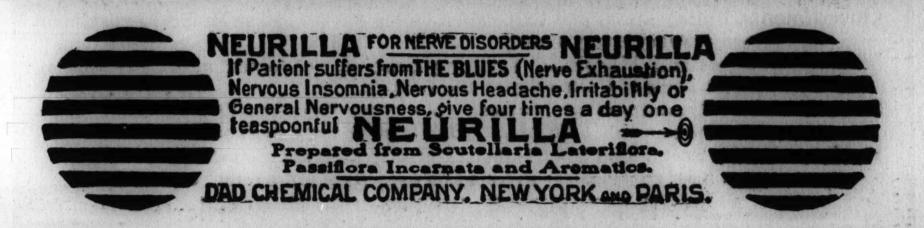
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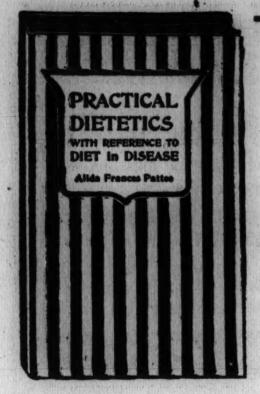
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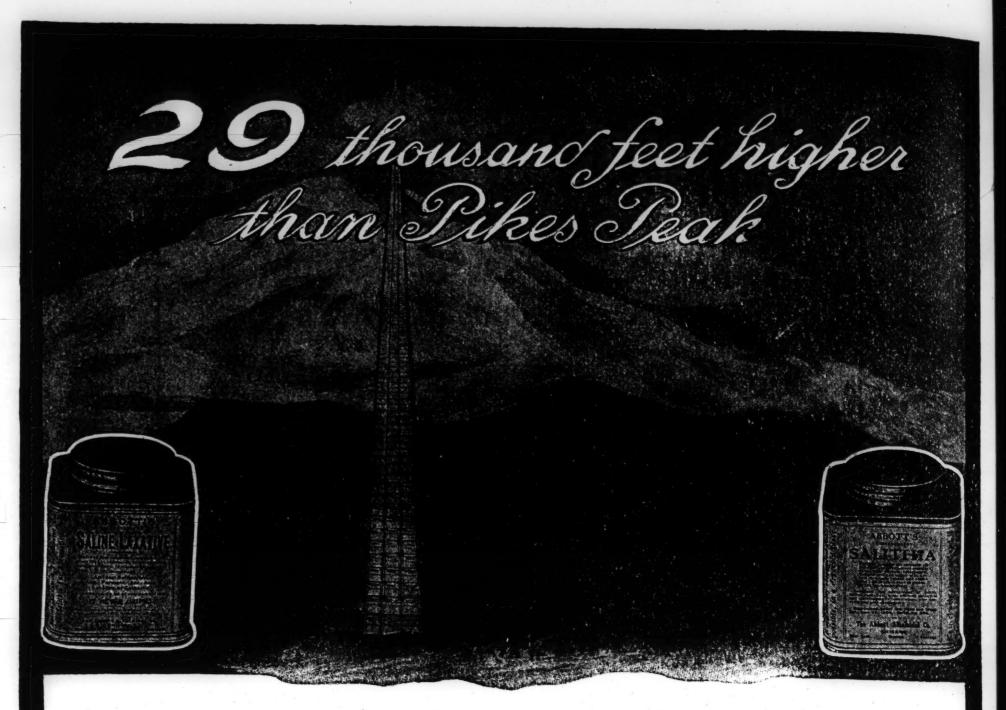
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Table of Contents

ORIGINAL CONTRIBUTIONS	Page.
Medical Resources of Californ	rnia, J. Fearn, M.D111
	mon, M.D
	A. Burnett, M.D114
	gu, M.D
	nd his Responsibility, E.
State Board of Medical Ex	xaminers California121
EDITORIALS.	
	led, J. A. Munk, M.D128
SELECTIONS:	
How to Know a Dead Beat	
SOCIETIES:	
	c Medical Society
	ia Eclectic Medical Society133
마리트 100 전 1	
NEWS ITEMS	
DOOK REVIEWS	.,
and	MANAGAMANANANANANANANANANANANANANA
Index to A	dvertisers
Abbott Alkaloidal Coxx	Katharmon Chemical Co
American Medical Collegevi	Katharmon Chemical Coxv
Antikamniaviii Antiphiogistine, Denver Chem. Coi	Lloyd Bros
Battle and Coxii	L. A. Eclectic Policlinicxviii
Bovinine Companyvil	Mellier Drug Co
Bristol-Myers Coviii California Eclectic Collegexviii	M. J. Breitenbach Co
California Fig Syrup Coxi	Pacific Surgical Mfg. Coxvii
Chas. N. Crittenton & Cox Chicago Medical Timesxv	Parke, Davis and CoCover 1 Peacock Chemical Coxiii
Dad Chemical Coxv	Phelan's Addition, Oklahoma City.xvi Ralph Sanitariumxli
Deimai Linen-Mesh Co	Rie Chemical Co
Eclectic Medical Institutexiv	Santa Barbara Sanitariumvii Sam J. Gorman Coiv
Fellows Co	Southern California Printing Coxill
John B. Daniel Cover 4	Sultan Drug Coxv
John B. Daniel Cover 4	Westiake Hospital

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